



HOME VISITATION PARENTAL/GUARDIAN/OTHER PRIMARY CAREGIVER CONSENT FORM

This form must be filled out by the parent/other primary caregiver.

I, _____ as the parent/other primary caregiver of
_____ do hereby consent for _____ to conduct a
home visit for the purposes of validating the D.C. residency of _____.
Unless otherwise disclosed during this visit, personal information that may be collected in connection with this visit
is to be retained in the official record of the student and will not be transferred or disclosed outside of the
organization, except where disclosure is required by law. This information must be used for the sole purpose of
validating D.C. residency of the parent/other primary caregiver
of _____.

Is permission for the home visit granted? ____ Yes ____ No

If no, please explain:

Address of Parent/Other Primary Caregiver:

Street: _____

City: _____ State: _____ Zip Code: _____ Telephone Number: _____

Signature of Parent/Other Primary Caregiver: _____ Date: _____

Signature of Principal or Designee: _____ Date: _____

Penalty For False Information: Any person, including any District of Columbia public school or public charter school official, who knowingly supplies false information to a public official in connection with student residency verification shall be subject to charges of tuition retroactively, payment of fine of not more than \$500, or imprisonment for not more than 90 days, or any combination thereof, pursuant to the District of Columbia Nonresident Tuition Act, approved September 8, 1960 (D.C. Code §38-312). The case of any such person may be referred to the Office of the Attorney General for consideration for prosecution.